

Indiana State Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012229 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 07/02/2014 |
| NAME OF PROVIDER OR SUPPLIER HEARTH AT JUDAY CREEK LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 6330 N FIR RD GRANGER, IN 46530 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| R 000 | <p>INITIAL COMMENTS</p> <p>This survey was for the Investigation of Complaint IN00150408.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the Investigation of Complaint IN00149946 completed on 05/20/2014.</p> <p>Complaint IN00150408 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: June 30, 2014 & July 2, 2014</p> <p>Facility Number: 012229 Provider Number: 012229 AIM Number: N/A</p> <p>Survey team: Honey Kuhn, RN</p> <p>Census bed type: Residential: 111 Total: 111</p> <p>Census payor type: Other: 111 Total: 111</p> <p>Sample: 3</p> <p>Hearth at Juday Creek LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00150408.</p> <p>Quality Review completed on July 8, 2014, by Brenda Meredith, R.N.</p> | R 000 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE